NHS
Rotherham
Clinical Commissioning Group

Minutes	**Title of Meeting**:	**NHSR Medicines Management Committee Meeting**
	Time:	**9.00 am to 11.00 am**
	Date:	**Wednesday 27 April 2016**
	Venue:	**Cedar Room, Oak House**
	Reference:	**AG/JAA**
	Chairman:	**Avanthi Gunasekera**

Present:	Avanthi Gunasekera (Chair) (AG)	GP, Commissioning Executive, RCCG
	Stuart Lakin (SL)	Head of Medicines Management, RCCG
In attendance:	Judith Wilde (JW)	Prescribing Advisor, RCCG
	Sally Webster	Pharmacy Technician, RCCG
	Govinder Bhogal	Prescribing Advisor, RCCG
	Julie Abbotts (JA)	Project Officer, RCCG (Minutes)

	Agenda Items and Action Points	Action
16/102	**Apologies** Ravi Nalliagounder, Alun Windle	
16/103	**Declarations of Interest** No declarations were made.	
16/104	**Minutes of the Meeting held on 13 April 2016** Minutes were accepted as a true record.	
16/105	**Matters Arising**	
	14/22 EPS 2 Rollout – NH **13/194 & 13/206 & 13/363 & 13/380 & 13/400 & 13/443 & 13/495 & 14/53 & 14/70 & 14/82 & 14/99 & 14/112 & 14/132 & 14/146 & 14/179 & 14/195 & 14/212 & 14/226 & 14/245 & 14/263 & 14/276 & 14/289 & 14/307 & 14/313 & 14/330 & 14/347 & 14/364 & 14/382 & 14/396 & 14/413 & 15/04 & 15/16 & 15/30 & 15/46 & 15/60 & 15/75 & 15/88 & 15/102 & 15/117 & 15/133 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 15/232 & 16/04 &16/19 & 16/37 & 16/50 & 16/61 & 16/75 & 16/90 & 16/105** **EPS (Electronic Prescription Service)** **<u>Historical Information Now Deleted. Last appeared in Minutes dated 02/03/16 – item no 16/50</u>** *Swallownest now have a kick off date. Dates are arranged for Canklow, Rosehill, Greasbrough and The Gate. There is no interest from other practices as yet.* *SL said that we are almost catching up with Doncaster who have 10 practices not compliant compared with our 9. We have received definite refusals from Magna Group Practice and Kiveton Park and are trying to engage with Wickersley. Queens and Broom Valley are not currently engaged.*	

	This is progressing smoothly. Two more meetings have been held with York Road and we are trying to encourage the practices who have not signed up to become involved. *Progressing well. York Road and Swallownest practices are about to go live and the Gate Group of practices have now gone live. NHSE have a target to get 80% of repeat dispensing to be live by 2016/17 but there are no penalties attached to this. Kiveton Park, Wickersley and Magna Group Practice are being encouraged to be involved.* *Swallownest have now gone live. York Road will be going live shortly. Queens Medical Centre has now shown an interest. No other practices showing interest at the moment.* Greasbrough has now gone live. Parkgate Medical Centre have gone live and a meeting has been arranged with Swallownest to discuss going ahead and Queens Medical Centre have expressed an interest. There are three practices where further discussion to encourage involvement is required ie Magna Group Practice, Kiveton Park and Wickersley. SL said that York Road go live date had had to be cancelled and Parkgate is now live. Swallownest have experienced problems with prescription details migrating over to EPS and this has generated a lot of work for PW. IT support to this practice has been poor and this issue is being raised with Andrew Clayton.	
	14/161 & 14/181 & 14/179 & 14/195 & 14/212 & 14/226 & 14/245 & 14/263 & 14/276 & 14/289 & 14/307& 14/313 & 14/330 & 14/347 & 14/364 & 14/382 & 14/396 & 14/413 & 15/04 & 15/16 & 15/30 & 15/46 & 15/60 & 15/75 & 15/88 & 15/102 & 15/117 & 15/133 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 15/232 & 16/04 &16/19 & 16/37 & 16/50 & 16/61 & 16/75 & 16/90 & 16/105 **<u>Anticoagulation</u>** **<u>Historical Information Now Deleted. Last appeared in Minutes dated 02/03/16 – item no 16/61</u>** *AG had met with Dr Taylor. Statistics for NOAC usage at TRFT had dipped in the past few months so the message is getting across. TRFT have been advised that we cannot continue with the current level of prescribing and if it did continue then other services would need to be decommissioned to allow for this. Discussion occurred about the Tinzaparin SCP – these are to be faxed to GP's. Warfarin usage appears to look good at the moment. Dr Taylor's view was that one NOAC is used – this will be raised at the APC meeting on 2/3/16.* *Discussion took place about counselling patients and how this is done. SL said that Anticoagulation Nurses are currently doing this and they then give patients an information leaflet. The importance of this being done well was discussed and SL agreed to raise this at the APC meeting on 2/3/16.* Dr Alfred would be taking over from Dr Taylor when he retires. Ongoing.	SL/AG SL
	14/228 & 14/245 & 14/263 & 14/276 & 14/289 & 14/307 Wound Care Project and & 14/313 & 14/330 & 14/347 & 14/364 & 14/382 & 14/396 & 14/413 & 15/04 & 15/16 & 15/30 & 15/46 & 15/60 & 15/75 & 15/88 & 15/102 & 15/117 & 15/133 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 15/232 & 16/04 &16/19 & 16/37 & 16/50 & 16/61 & 16/75 & 16/90 & 16/105 **Nutrition/Wound Care Project Updates**	

Historical Information Now Deleted. Last appeared in Minutes dated 02/03/16 – item no 16/50

SL is currently writing up the Nutrition Service Spec and is hoping to get this finalised by the end of the financial year but there is likely to be some slippage on this. Wound Care Project is in the last phase of roll-out. Kate is currently visiting practices to take off dressings from repeat templates. Project should be complete by the end of February when everyone should be on this.

Wound Care Project – SL said that Kate was currently working with the last locality and this is going through fine and the finances are also looking positive. When the last locality is finalised, Kate will work target Wickersley to try to progress this.

The Wound Care Project is on target and is working well. There will soon be no need for District Nurses, Practice Nurses or GP's to write out prescriptions for Wound Care products. Issues around cross-charging from TRFT will now need addressing.

By the end of March all District Nurses should have access to the system. SL will then be taking the issue of cross-charging up with TRFT. Kate is to be congratulated on a great piece of work and thanked for carrying out this project as it has been a very challenging at times.

All district nurses are now on the system. Kate is working on rolling this out. SL met with finance with regards to the budget.

Nutrition Project – agreement has been reached to extend the contract but the contract has yet to be finalised. Nutrition Project is working extremely well and has resulted in a decrease in costs and we are now spending less than we were spending in 2003/04 despite 170 patients now being tube-fed compared to 90 at the start of the project.

Gluten-free Project – the team has won an award and two articles have been accepted for a conference in Madrid. Costings/savings information has been fed through to Leeds and we have been told that the information has been sent to the Health Minister.

There is a possibility of support groups being arranged for patients which would include an educational visit to the supermarket to discuss the different foods and their gluten content. Currently trying to finalise the finer details. Discussion took place about Multi-allergy syndrome and the increasing number of children who are being diagnosed with this. Guidelines are that patients will not be prescribed products from the NHS for this condition. There is a big cost pressure on baby milks and this was also discussed.

Continence products – again there is a strong cost growth on these products, in particular catheters where there has been an increase recently. It was felt that this may be due to the over 75 health checks and another reason may be the shift of patients to self-catheterisation. Continence contract has been extended but there has been a delay due to the inability to find the right person in Procurement due to staffing changes.

Wound Care Project has now been rolled out to the majority of practices, there are just a last few in Wath/Swinton. There is, therefore, no need now for District Nurses to prescribe dressings.

It was decided that notes from the above three Project Meetings would be circulated with the agenda for information.

The Wound Care Project rollout is now completely up and running. We have 98% compliance with formulary most other areas only get 50%. A contract review meeting has recently taken place with FK who supply products – FK has experienced some manufacturing problems which have caused problems in supplying some of their products, however, this hasn't impacted on our supply at all as substitute products have been available. West Leicestershire are interested in learning more about the Wound

	Care Project and we have been told that other areas of the country are also interested. The Wound Care Project has shown a massive shift in treatment with dressings by District Nurses from daily to now three daily and three daily to five daily and product usage impact has been excellent and this has also had an effect on District Nursing workload. The support from hierarchy from TRFT has been disappointing with very low attendance at the recent Woundcare meeting.	
	14/391 & 14/396 & 14/413 & 15/04 & 15/16 & 15/30 & 15/46 & 15/60 & 15/75 & 15/88 & 15/102 & 15/117 & 15/133 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 15/232 & 16/04 &16/19 & 16/37 & 16/50 & 16/61 & 16/75 & 16/90 & 16/105 **Respiratory/COPD** **<u>Historical Information Now Deleted. Last appeared in Minutes dated 06/01/16 – item no 16/04</u>** *A meeting with John Miles would be taking place after the MMC meeting today and feedback will be given at the next meeting.* *A meeting has taken place with John Miles and an agreement had been reached regarding the COPD Guidelines – GB will bring the revised guidelines to the next MMC.* *AG will email GB regarding sharing the guidelines with SL/AG/John Miles/Surinder Ahuja and Osman Chohan at TRFT to ask for their feedback. The guidelines would then be brought back to the MMC meeting scheduled for 9 December. Post Meeting Note - GB has emailed the draft COPD guidelines to JM, SA and OC.* *SL reported that GB has had no response from Jon Miles regarding these guidelines. AG/SL/GB to discuss and produce an email in the New Year. JK would also mention this at her meeting with Jon Miles.* *JM has confirmed he agrees with the amended COPD guidelines. It will be uploaded on to the intranet shortly.* *JM has agreed to run a workshop at the PLT in May with AG/GB supporting. It was decided that the guidelines would not be uploaded to the intranet until after the workshop has taken place.* *JA was asked to add this item to the agenda for three months' time and invite GB - half of this meeting will be allocated to a discussion around this.* Nothing to add at present. **<u>Action</u>** - To bring to the MMC dated 25th May 2016 which is the meeting after John Miles presents the workshop at the PLT event. Nothing to add.	GB AG/GB AG/SL/GB GB JA/GB **JA**
	15/11 & 15/16 & 15/30 & 15/46 & 15/60 & 15/75 & 15/88 & 15/102 & 15/117 & 15/133 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 15/232 & 16/04 & 16/19 & 16/37& 16/50 & 16/61 & 16/75 & 16/90 & 16/105 **Prescribing Responsibility for Transgender Medications** **<u>Historical Information Now Deleted. Last appeared in Minutes dated 06/01/16 – item no 16/04</u>**	

	There is a tenuous agreement with LMC that GPs will take on the prescribing once the SCP is in place. SL has spoken to Sally Kirby about this and he has produced a first draft of the SCP but there are gaps at present. A second draft to be produced in the next couple of weeks, then this will be circulated across South Yorkshire & Bassetlaw. Sally Kirby is to have a discussion with Professor Wiley. *SL has progressed the SCP as far as he can and it now needs input from Professor Wylie who is currently on sick leave. It is hoped that he will be back at the end of January and SL will then try to move this forward.* *Ongoing.* *No updates at present, SL is chasing.* *A meeting is due to take place with Porterbrook Clinic by the end of April. SL will also be attending the LMC meeting to talk about this and had also received a request from Healthwatch for a progress report. When finalised the guidelines will be fast-tracked back to GP's and will include clear guidance on what to prescribe, what to monitor and when to refer back to Porterbrook.* Waiting for meeting with Porterbrook, SL to chase. SL has been invited to the LMC to talk about this issue and will also be attending the Rotherham Transgender Support Group to give information and listen to their views.	SL SL
	15/11 & 15/16 & 15/30 & 15/46 & 15/60 & 15/75 & 15/88 & 15/102 & 15/117 & 15/133 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 15/232 & 16/04 &16/19 & 16/37& 16/50 & 16/61 & 16/75 & 16/90 & 16/105 **Posters for Waste Management Campaign** **<u>Historical Information Now Deleted. Last appeared in Minutes dated 06/01/16 – item no 16/04</u>** *Wakefield are currently interested in copying Rotherham's Waste Management campaign.* *The campaign is going very well and we have some good intelligence so far, including a visit to a patient's home planned.* *SL has tentatively put forward for some funding to move from the incentive scheme in order to employ pharmacy technicians to work on waste management within practices.* *There has been lots of intelligence received, for example, glucose monitoring sticks/dosage etc which patients are very irritated about. Discussion took place about patients being discharged from the Diabetes Centre with too many vials of insulin and then GPs continue to prescribe at that dose. Work is taking place around the issues raised.* *Ongoing - quite of a lot of information is being received about insulin and glucose monitoring and another incident has been received about Gaviscon.* *SL said that there was some good data being obtained from this project. All data is being analysed with regards to savings generated etc. SL would be taking a paper to OE in the next few weeks.* *SL has spoken to Gordon Laidlaw about running the next phase of the campaign. There has been some very good intelligence from the first part of the campaign and this has been fed back to Gordon. A strapline will be added to the next part of the campaign, encouraging patients to take control of their own prescribing which can now be done online.*	SL

	Posters and leaflets have now gone out. *Currently looking at cost growth data from information that has been received so far.* Ongoing.	
	15/102 & 15/117 & 15/133 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 16/04 &16/19 & 16/37 & 16/50 & 16/61 & 16/75 & 16/90 & 16/105 **Improper Use Of Rotherham Minor Ailment Service** *A recent issue was raised which occurred over the recent bank holiday period. The Pharmacy First service is linked to NHS 111 who directs patients to pharmacies who provide the Pharmacy First service. NHS 111 have reported that Boots at Cortonwood have informed them that they cannot provide the Pharmacy First service on bank holidays and weekends due to being too busy.* ***Action*** *- A discussion took place and it was agreed to write to this pharmacy and inform them that the Pharmacy First scheme must be provided to patients at all times during pharmacy opening hours. If the pharmacy is not able to agree to this then the pharmacy will be withdrawn from the scheme.* *More issues have been raised. This causes concerns as this scheme operates on a high level of trust but it is open to abuse. The electronic system for inputting the data should be up and running in the near future and this will allow for more robust monitoring of claims.* *Discussion occurred about a possible Mystery Shopper exercise and it was decided that careful thought needs to be given to how this should be done.* *NEO the electronic system for pharmacies to input data is being launched in the next few weeks and this should make it far easier to monitor the information. RA said that NEO is also used for the drugs and alcohol prescribing and suggested that RS speaks to RA's colleague who does the analysis and find out how this works. RA agreed to find contact details and send these to Rebecca Stevenson.* *The NEO system will be going online on 1 April. Discussion took place about the addition of a statement in the Pharmacy LES to say that the service should be offered to patients 100% of the time the pharmacies are open.* *Nothing to add at present until after the go live date.* *NEO has now gone live and it has gone very smoothly. Discussion occurred about the items that are on the minor ailments list and SL said these would need to be reviewed in-line with the items on the Do Not Prescribe list which is currently being considered.* Ongoing.	SL RA
	15/133 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 15/232 & 16/04 &16/19 & 16/37 & 16/50 & 16/61 & 16/75 & 16/90 & 16/105 **Traffic Light System** *After discussion it was agreed that a comment would be added at the side of Ulipristal ie 'is for ore-hysterectomy uterine constriction'. Donepezil is also coming up as Amber and is on GP LES which hasn't been agreed but some GP's are still doing the LES. After discussion it was agreed that Donepezil would be left at Amber with a note to be added ie "GP can initiate under the LES".* *JW said that Rifaximin is currently being used as an Amber drug – ES is looking at this as to*	JW

	whether we need a shared care protocol. JW asked if we could leave this as Amber whilst ES is looking at this. JW said she thought that Sheffield would be updating their SCP in the next few months so it might be a good idea to wait until then. Members were in agreement with this approach. *JW said that Ropinirole is currently Amber on the traffic light system for treatment of Parkinson's disease but it is also used for restless leg syndrome. After discussion it was agreed that it would be Amber for treatment of Parkinson's Disease and green for restless leg syndrome.* *Cyclosporine eye drops were discussed and it was suggested that these be made Amber, only to be initiated by Specialist, but can be continued in general practice. SL would raise this at the APC meeting on 2/3/16.* *Discussed as part of agenda.* Nothing to add.	JW/ES SL
	15/136 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 15/232 & 16/04 &16/19 & 16/37 & 16/50 & 16/61 & 16/75 & 16/90 & 16/105 **Testosterone Shared Care Protocol** *ES had drafted these and GP's would be asked to perform bloods/review test results. This had been discussed with Jacqui Tufnell re payment for this and she had said that this could be added onto an existing schedule.* *SL agreed to email Jacqui Tufnell about this.* *Ongoing*. ***Action*** *- ES is reproducing this document.* *ES had circulated the protocol and this was discussed and it was agreed that patients would stay under the care of Urology, when patients are stable they can be referred straight back to Urology if their testosterone is out of range. SL agreed to speak to Surrinder regarding how we progressed this.* *ES has drafted a SCP and had received a couple of queries to go back to Urology with, one of which was whether they want the results of every reading. The consultant said yes they wanted everything and the specialist nurse said just the readings which were out of range. They agreed to set-up a urology email address. ES had tried to contact Dr Muzulu, Diabetes, but so far she hadn't received a response. ES agreed to try to contact his secretary and SL asked ES to let him know if there was no response and he would try to pursue this as we might need to then tell him that the SCP will be going live and they will be notified if the readings are outside range.* *ES is still waiting for a response from Dr Muzulu.* *ES had still not received a reply from Dr Muzulu for the past 2 months. It was decided that we would proceed with the guidelines and these will now go out in the newsletter.* Ongoing.	SL ES ES ES
	15/137 & 15/148 & 15/160 & 15/171 & 15/187 & 15/199 & 15/219 & 15/232 & 16/04 &16/19 & 16/37 & 16/50 & 16/61 & 16/75 & 16/90 & 16/105 **Rotherham Drugs Affecting Bone Metabolism Summary Report 2014/15** **Historical Information Now Deleted. Last appeared in Minutes dated 06/01/16 – item no 16/04**	

	LM is pulling together a report on the observations and finding so far. LM needs to discuss with AG the clinical issues asap. It was agreed that LM and AG meet next Wednesday 30 December for half an hour, but LM would liaise with RN beforehand. *RN requested the need to find out the figures for discharge patients and what medications they are on.* *Discharge letters needed to include the reference to fragility fractures for a patient, in order that their ongoing treatment can be monitored, due to their being inconsistencies.* *LM agreed to share her report with Dr Kitlowski in order for discussions to take place with Maxine Dennis about finances, which should already be in place with the Trust. JK has emailed MD asking for details of TRFT figures.* ***Action*** *- To be added to the agenda of the next meeting, LM was not present to update.* *SL explained that Rotherham seem to be under prescribing these drugs. LM is looking into this and undertaking audits at practices.* *Ongoing – LM would bring this back to the next meeting. It was suggested that this would then be put forward as a possible LIS Audit for this year. LM will bring recommendations to the next meeting and AG will liaise with JK about this.* *Julie Kitlowski had agreed to attend the meeting on 16 March 2016 to discuss this.* *Discussion occurred about the Fragility Fracture Liaison Nurse from TRFT being responsible for informing GPs when there has been a patient with a fragility fracture, however, this isn't happening and as far as we are aware there is no such post. Investigation needs to take place about this because if the contract says that there should be such a post then we need to ascertain why there isn't. After discussion it was agreed that AG/SL/LM would set-up a meeting with Julie Kitlowski and Phil Birks to decide on the way forward with this.* *A meeting has been arranged for 20th April 2016.* *Nothing to add until after the meeting on 20th April*. Ongoing – SL to chase LM and AG to chase possibility of adding this as a LIS Audit for this year.	LM AG/SL/LM SL/AG
	15/189 & 15/199 & 15/219 & 15/232 & 16/04 &16/19 & 16/37 & 16/50 & 16/50 & 16/75 & 16/90 & 16/105 **Prescribing Cost Growth 12 Months to June 2015** *SL went through the prescribing cost growth which is 5.8%. This is stronger than desired but is in line with national cost growth rates and predictions made prior to budget setting. Although the prescribing budget is forecast to over spend at year end this should not be a great risk to the CCG.* *After discussion the following action items were agreed:-* *RS would carry out a piece of work around Pizotifen.* ***Antipyschotics -*** *There is a strong cost growth around antipsychotics and proposal was made to switch generics to branded generics. If treatments were switched there is a potential saving of £60K. LM said she was able to obtain of guidelines which could be Rotherhamised. AG agreed to take the suggestion for discussion at SCE.* *RS agreed to discuss the potential switch at the next RDaSH MMC and liaise with relevant*	RS AG RS

	pharmaceutical companies. ***Buprenorphine** – this was discussed and it was agreed that issues would be highlighted at a future PLT ie alternative treatments/products which are available.* *Glaucoma prescribing was discussed and it was agreed that this would be taken to the next APC meeting on 28 October 2015 – JAA to add to agenda.* *IBS Pathway – Dietetics were showing an interest in taking this on. SL is looking at developing guidelines. After discussion it was agreed that questions would be added to the survey monkey which is being sent out to GP's to ask for their views on this.* *Vitamin D – a switching programme is taking place as part of the piece of work that LM is carrying out. AG had recently had a couple of patients who had been asked by their midwife to contact their GP to ask about Vitamin D. It was agreed that LM would look into this issue/look into guidance for midwives.* *After running through the cost growth information, AG agreed to ask SCE if they would like SL to present the information at a future meeting.* *SL will be attending SCE on 28/10/15.* *SL said that he is currently putting together proposals on how to manage the cost growth.* *This would be discussed as an agenda item.* *MMT had met on 19/1/16 and are putting together themes to try to reverse the cost growth ie diabetic needles, switching branded generics, products for dry eyes etc.* *SL has written a report and had identified £400K worth of excess costs around diabetes and this was briefly discussed.* *No further update.* *SL is writing a Paper to OE. There are three areas of concern. Strong item growth is the main issue. SL will be proposing three options to OE to solve these issues. The preferred option would be to employ three band 5 technician posts to go into practices and work on these areas to bring the cost growth down.* *A separate meeting is being arranged to discuss this*. Add to items pending – to be brought back quarterly.	SL JAA SL LM AG SL
	15/204 & 15/219 & 15/232 & 16/04 &16/19 & 16/37 & 16/50 & 16/61 & 16/75 & 16/90 & 16/105 **Melatonin for Sleep Disorders in Children** *Shared Care will say that prescribing will only be taken over by Primary Care as long as the licenced product "Circadin MR 2mg Tablets" is prescribed by secondary care. Currently the problem is with children who live in the south area of Rotherham being treated by Sheffield who have had a different prescribing policy but the recent Sheffield APG show's STH are moving towards only using the licenced product "Circadin MR 2mg Tablets".* *After discussion it was agreed that LM would be asked to develop a patient information leaflet*	

	and an information bulletin for GP's – to be actioned within 4 weeks. RS has an example patient information leaflet which he has forwarded to LM. It is then hoped that as many patients as possible can be changed over with the support of secondary care where necessary. It was also agreed that once the policy has been agreed we will write to the people responsible for prescribing in Sheffield with a copy of our policy. The policy will also be shared with Christine Harrison/Surrinder Ahuja at TRFT. *LM is working on this and will be re-writing the SCP, looking at licenced products and switching patients.* *LM reported that the current SCP was out-of-date and that discussions were required with GPs and secondary care regarding patients with sleep disorders. One of the key issues is where some young adults at the age of 18 who are currently on Melatonin are discharged without continuation of their medication. AW raised the issue that the continuation of care for SEND patients can carry on up to the age of 25 years.* *It would be necessary to look at the SCP to discuss with paediatricians regarding their directions to GPs for continuation or review of medication and this would need to link into the RDaSH guidelines. Need an overarching policy with clear guidance of reviews for these patients to include both TRFT and RDaSH.* *LM agreed to liaise with Emma Royle, Christine Harrison and the psychiatrist leading on sleeping disorders, to discuss this issue and the roles and responsibilities.* *It was suggested that a meeting could be arranged for the end of the APC meeting in January.* *LM had been asked to bring this as an agenda item has she had tried to arrange a multi-disciplinary meeting to look at developing a common pathway for prescribing of metatonin for children in various settings. Attempts had been made to set this meeting up and had been unsuccessful. The SCP is now two years out of date. A pathway needs to be developed as there are issues like children reaching the age of 16 who are being discharged from paediatric services even though the age range for paediatric services is up to 18 years and there needs to be clear medication review guidelines ie all patients are to be reviewed before being transferred over to adult services. Stephen Davies at RDaSH has emailed Mohan Thomas at CAMHS to try to get the ball rolling. LM would chase up this discussion and try to progress this with Stephen and would then come back to the meeting with a draft document which would then be taken to APC.* *SL said that the evidence base around prescribing of Melatonin wasn't strong and it was felt that patients needed to be given an annual assessment and a treatment holiday then reviewed again three months after the treatment holiday and this should be done before the patient is discharged to the care of the GP.* *The SCP is currently being updated to incorporate that patients should continue under care until they are 18 years old, ideally having annual secondary reviews and trial drug holidays.* SL has been liaising with TRFT regarding reviewing SCP and SL has stressed that GP's will only consider taking over the licensed preparation and that you can halve it and crush it. Ongoing.	LM
	15/205 & 15/219 & 15/232 & 16/04 &16/19 & 16/37 & 16/50 & 16/61 & 16/75 & 16/90 & 16/105 **Amiodarone SCP January 2014-17** **<u>Historical Information Now Deleted. Last appeared in Minutes dated 02/03/16 – item</u>**	RS/AG

	<u>no 16/50</u> *Information will be included in the Top Tips for existing patients with a SCP for new patients only.* *Protocol is all ready for uploading to the intranet.* *The SCP had been discussed at the recent APC meeting and had been approved. Dr Muthusamy, Conrad Wareham and Dr Smith had all seen the SCP, although they weren't present at the APC Meeting, members were happy to approve. The patient information leaflet was also approved and they were happy to distribute this to patients as long as we provide the leaflets. The SCP hasn't been put onto the Traffic Light system yet. Discussion took place around payment for monitoring and this needs wider consultation. It was agreed that AG/SL would take this for discussion at SCE – JA to arrange a date.* *Protocol had been taken to the SCE meeting on 9/3/16 and they had agreed the document, however, it is now going to be a guidance document not a SCP. A communication will now be going out to GPs in the next newsletter.* *SL said there were two other SCP's coming through soon. JP was working on one around minocycline and RS was working on one around antipsychotics.* **<u>Action</u>** - To be uploaded to the Internet & included in the Bitesize newsletter. *This has been sent out in the Newsletter and uploaded to the intranet. SL would action the printing of the passport.* Ongoing.	AG/SL/JA **SL** **SL**
	15/207 & 15/219 & 15/232 & 16/04 &16/19 & 16/37 & 16/50 & 16/61 & 16/75 & 16/90 & 16/105 **Biosimilar Medicines** *SL said that the first insulins were now coming off patent. The Biosimilar insulins aren't the same as the usual insulins and patients would need to be monitored. The new product, Abasaglar, is 15% cheaper. Branded generics would be discussed at SCE on 28.10.15 and if agreed, a paragraph would be put in Bitesize to inform GP's and SW would also be asked to set-up a pop-up.* *SL said that we needed to look at this because there are a couple of Biosimilars coming through in December and more to follow from NHSE. Looking at gain sharing with TRFT and ES is doing some costings with Bluteq. SL will be meeting with CCG Contracting and will then talk to Chris Edwards about a proposal to 50/50 fund a post at TRFT for a Pharmacist to sort out Biosimilars. It is hoped that this piece of work could be taken to APC in April.* *SL reported that the proposal for savings allocation is as follows:* *1st year 80:20 to TRFT* *Years 2&3 20:80 to Primary Care* *This will be discussed at the APC on 6 January 2016.* *SL said there is now a policy for the first one, Infliximab, which is switching to a branded product and an agreement has been sorted out around cost savings generated in the first year. JA would*	SL SL JA

	ensure this item is added to the agenda for the next APC. *There are two Biosimilars - infliximab and etanercept, for which we have agreed a gain-share programme where TRFT get 80% of the savings for the patients they switch for the 12 months commencing 1/4/16 to 31/3/17. Just for switched patients not for new initiations.* *A one year 80/20 gain-share agreement has been reached with TRFT from 1/4/16 to 31/03/17 which will be for all patients switched from current medication to a Biosimilar. ES has ensured that Blueteq is ready for the Infliximab and Etenercept Biosimilars and has a process in place to ensure gain sharing for patients switched to a biosimilar and not new patients. ES to check with Kirsty whether any Biosimilars had been prescribed by the end of April.* Ongoing.	
	16/08 & 16/19 & 16/37 & 16/50 & 16/61 & 16/75 & 16/90 & 16/105 **What not to prescribe list** *Wakefield have a scheme whereby GPs have a 'What not to prescribe list' to stop them from routinely prescribing certain medications such as Paracetamol, Co codamol and Glucosamine. There is a poster campaign asking GP's not to prescribe the items on the list and informing patients.* *There were questions around whether this was a possible idea for Rotherham. RC Suggested that this is taken to the member's group meeting.* ***Action*** *- SL to ask Wakefield for their materials and come up with our own list for Rotherham. This is to be taken to the member's group meeting, and the medicines management team are to visit PPGs at practices to discuss and get patient's feedback around this idea.* *RC raised concerns with regards to the current Pharmacy First scheme. If the 'What not to prescribe list' went ahead, patients would potentially go to the pharmacy instead to have the medicines prescribed free of charge via the Pharmacy first scheme. This would still mean that the NHS would have to pay for product costs and a consultation fee to the pharmacy. This would be looked into before deciding to go ahead.* *SL talked about different areas of the country who were stopping prescribing certain drugs for example, things like vitamin prescribing, pain relief drugs which are inexpensive to buy etc. SL said they would be working with patient engagement groups to look at what is currently being spent on certain drugs and how this money could be used more efficiently. Work will also take place around which drugs other areas of the country have stopped prescribing.* *SL will be drawing up a list of What Not to Prescribe and will be carrying out a patient engagement exercise around this over the next six months, working with Healthwatch and Helen Wyatt. RA suggested that an Inequalities Impact Assessment be carried out before this project commences and offered to help with this.* *SL would take the list of What Not to Prescribe to SCE and then to LMC, once the patient engagement exercise has been carried.* *Discussed at the Medicines Management team meeting. Proposal to re-launch the financial incentive scheme. Practices will be rewarded if under budget for lowering the volume of prescribing certain products on the 'Do not prescribe' list. SL will be speaking to PPG's within practices and Health Watch about this.* Agenda item.	SL SL

	16/24& 16/37 & 16/50 & 16/61 & 16/75 & 16/90 & 16/105 **Rotherham Drugs for Dementia Summary Report Quarter 2 – 2014/15** *SL went through this document and the following points were highlighted:-* *Dementia drug prescribing data was discussed and Rotherham's prescribing data was compared to Doncaster CCGs and North Lincolnshire as all three CCGs obtain their dementia services from RDaSH.* *Rotherham has the second highest dementia prescribing cost\patient whereas Doncaster and North Lincolnshire have prescribing costs in line with the average for England. Rotherham also has the second dementia drug usage as measured by ADQ/dementia patient.* *SL stated that the MMT were presenting this data at the RDASH Medicines Management Committee and requesting explanations for the differences in prescribing between the three CCGs.* *RDASH are working with the Rotherham MMT to address these issues and dual dementia drug prescribing had already been addressed - we are now looking at Rivastigmine patches as the cost difference between oral dosage and patches is significant and neighbouring CCGs do not appear to have to use these products to such a degree.* *RN - we also need to consider the influence the Parkinson nurses have on Rivastigmine patch prescribing.* *RS has uncovered that not only are the dementia drugs prescribed by RDaSH significantly more expensive for Rotherham patients but the waiting list for the memory clinics in Rotherham is 26 weeks compared to a 10 day waiting list for Doncaster patients. RS and Stephen Davies from RDaSH will be meeting up to ascertain the reason for this and what can be done to ensure there is an equitable service for Rotherham patients.* *AG agreed to raise this at the SCE meeting scheduled for Wednesday 23 March 2016.* *Not taken to SCE as yet due to a development session last week. RS is dealing with this at present. To be taken to SCE today 30th March 2016.* Ongoing.	RS AG
	16/25 & 16/37 & 16/50 & 16/61 & 16/75 & 16/90 & 16/105 **RCCG Vitamin D Prescribing** – LM *We have currently got a £170K growth in Rotherham. Regarding patients who have been treated and gone back to normal levels we are looking at adding to the "Do Not Prescribe List". Discussion took place about whether we should treat patients to bring them back into the normal range and then issue them with a leaflet regarding self-treatment. LM is currently looking into costings compared to last year and will then be carrying out a consultation exercise with Helen Wyatt ie talking to patient groups to seek their views about this ie showing cost of prescribing compared with purchasing tablets over the counter. Engagement with GP's is also required before a policy could be drawn up. It was suggested that this be added to the agenda for the Commissioning Meeting in June.* *In the meantime LM would be carrying out a switching programme to switch patients from branded to Invita and would add something to the GP newsletter in the coming weeks. It was also suggested that a message could perhaps be placed on the TV systems in GP surgeries.*	LM LM

	It was agreed that JA would invite Rebecca Atchinson to a MMC meeting in February if possible. *Rebecca Atchinson would be attending the MMC meeting on 2 March 2016.* *Rebecca Atchinson was present at the meeting to discuss this item. LM had sent out guidelines for review. There was now a new product Invita 50000 and the guidelines had been amended to reflect this. There were other slight changes that had been made. Discussion occurred about prescribing of vitamin D and it was agreed that patients found to be deficient would be given a six week course of treatment, then checked 10 weeks after initiating treatment course. A further check would be carried out at six months (as stated in guidelines-25(OH) D levels, Ca, ALP are checked). If this test was within range patients would then be given an advice leaflet of how they can treat themselves to maintain their calcium levels anyone found not to have responded to treatment should be referred. Exceptions to this would be for patients in institutional care and housebound patients. RA talked about the 0-19 Pathway and agreed to arrange for some information to be included in there. LM said that the leaflet was now complete and this had been approved by the Reading Panel. Clear information now needs to be sent out to GP's and something will appear in the March Bitesize. MMT will start the switching process in May. SL will discuss this at LPC to ensure that Community Pharmacies are informed.* *RA said that this needed to link in with the Falls Pathway – LM would liaise with RA about this.* **<u>Points of Note from Discussion as Agenda Item on 16.03.16</u>** *Members discussed the Vitamin D Guidelines and the following points were noted:-* *under the treatment dose - add in that 'some populations may require higher doses eg obese/dark-skinned individuals'* *under maintenance dose - add another bullet point to say 'prophylaxis IS recommended for institutionalised/housebound patients'* *The recommendation of NOT prescribing prophylactic doses for maintenance/at-risk people (except for institutionalised/house-bound patients) was fully discussed and agreed around the table. These patients will be encouraged to purchase vit D for themselves and given the Vitamin D Patient Information Leaflet.* *The guidelines were ratified subject to the above amendments being made.* *This is on the QIPP plan. The leaflets have now arrived.* Action item – LM to make it clear on guidelines regarding frequency of use of Invita D3 for maintenance and to also review this section of the guidelines and the pop-up.	JA LM
	16/50 & 16/61 & 16/75 & 16/90 & 16/105 **Yorkshire and the Humber Monthly Financial Headlines – November 2015** *We are predicted at the end of the year to be 1.14% overspent or £600K overspent – headline figure is that we've got the 3rd highest forecast growth 5.12% growth only beaten by Bassetlaw and Scarborough. The actual cost growth from April to November is 7.9%, second highest in Yorkshire & Humber. We have revisited our strategy we are bringing in three branded generics and others will follow. Work is also ongoing around management ie around insulin and glucose*	

	monitoring. Our cost growth is largely fuelled by item growth (volume) – we need to concentrate on reducing waste and develop more robust GP prescribing systems. It is hoped that the Practice Pharmacies will have some impact on this and we are looking to develop a training programme for GP reception staff. Remove from minutes.	
	16/50 & 16/61 & 16/75 & 16/90& 16/105 **PresQIPP Awards** Discussion took place about a possible submission for this and Woundcare Project was suggested. SL would give this some thought. Nothing to add.	
	16/61 & 16/75 & 16/90 & 16/105 **Osteoporosis Project** *SL explained that Rotherham has low prescribing of Bisphposphonates in comparison with neighbouring CCG's. LM had carried out some work at Dinnington practice and the results were very surprising. The majority of patients who had been looked at had no history of taking bone sparing agents. There appeared to be no information from TRFT that patients had a fracture risk assessment. It was agreed that SL/LM/AG/AB would meet to look at costings regarding DEXA scans and what is in the contract etc. RA suggested that LM speak to Dominic Blaydon about the Electronic Frailty Index which can be done via System 1 and is a national piece of work.* *This item would now be actioned outside of the meeting and feedback presented when complete.* *Ongoing.* Remove from minutes.	
	16/61 & 16/75 & 16/90 & 16/105 **Blood Glucose Monitoring** *PW had carried out a very in-depth piece of work around this and had liaised with professionals at the hospital ie Adult Diabetes Nurses, Midwives. PW had provided detailed information about the findings and after discussion it was agreed that there would be a choice of four blood test monitors and their corresponding test strips.* *Costs in Rotherham are above average – most practices are prescribing testing strips which cost £15/box and the products range from £6/box. A range of blood test monitors had been looked at and discussed with the Adult Diabetes Nurses and the Midwives and they had chosen four devices. These weren't the cheapest – they were mid-range, robust models. They have agreed that they will stop using their current device and switch to the new one. The strips for these devices are £10/box which is a third cheaper than the ones currently being used. These would be used for Type 2 diabetes only. We would now be asking GPs/Practices Nurses to try to restrict prescribing to one of the recommended products. Clear advice needs to be given to practices and a pop-up needs to be set-up for EMIS and System 1. This should also be taken to PLT. PW agreed to carry out these action items.* *Item would be brought back after PLT event.*	PW PW
	16/61 & 16/75 & 16/90 & 16/105	

	<u>Options for Branded Generics in Parkinson's Prescribing</u> *Raz had gone through the information surrounding the options for branded generics in Parkinson's prescribing. We will be looking at switching Stalevo and Ropinirole prescriptions.* *Sastravi would be preference for Stalevo switch. The problem is that it comes with a caution for soya and peanut allergy. The reason this becomes a preference over the Stanek (which is the other option) is that the company have offered a price and stock guarantee for 5 years. We need to ensure the allergy is checked when doing the switch.* *Ropinirole switch would be Repinex XL which also has a stock guarantee.* *Dr Hafiz at TRFT is happy with these proposals and RS needs to check any contracts held at TRFT. (Post Meeting Note – SL has checked this and there are no problems with any contracts so approval has been given to go ahead with these changes.)* *Ongoing.* *JW Has lined up the switching of Ropinirole for May and Stele for June, however, there are slight stock issues.* Ongoing.	JW
	16/63 & 16/75 & 16/90 & 16/105 **Practices Engaging with the Pharmaceutical Industry** *Discussion took place about this and that fact that the CCG does not have any guidance around this and the question arose as to whether guidance should be developed and it was felt that guidance should be developed. AG/SL would meet to discuss this in more depth.* *SL and AG still to meet. SL agreed to look to see if there are any guidelines from neighbouring CCG's which could be adopted.* Ongoing.	AG/SL SL
	16/76, 16/90 & 16/105 **Lipid Guidelines** *Guidance fitted onto one page. SL talked the committee through the details of the document. RN felt that this was a very good piece of work.* *Guidelines were agreed subject to the following amendments:* ***<u>Actions for SL</u>*** *To check whether it should read 'non LDLc' or 'non HDLc' on page 1* *To remove the reference to JBS3 guidelines on pages 1 & 2* *To add the logo to all pages* *To remove 'December 2014' from the top of the document* *To be uploaded to the internet subject to the agreed amendments and to be included in Bitesize newsletter.* Nothing to add.	**SL**
	16/77, 16/90 & 16/105 **Medicines Optimisation Dashboard – February 2016 Release** SL talked the committee through the dashboard. Some data was not recognised compared to our own data in HF, AF & diabetes. We are confident with the on-going	

	work in these areas and that any prescribing issues are being addressed. It was agreed to continue to monitor data on the medicines optimisation dashboard although some data is of an older date. Nothing to add.	
	16/78, 16/90 & 16/105 **2016-17 QIPP Proposals** SL talked the committee through the document. Estimated savings: 750k saving on waste reduction 550k saving on Medicines Management QIPP 250k saving on branded generics 200k saving on rebates and contract efficiencies 150k saving on do not prescribe Nothing to add.	
	16/79, 16/90 & 16/105 **IFR Drug request (Apremilast)** *This drug is free at the moment but is not NICE approved as a biological should be used first line. The patient case was discussed.* ***Action*** *– SL to clarify the details of this patient case with ES before making a decision.* *Current NICE indication states that a patient can have this drug if a biologic is contraindicated.* *ES was still waiting to hear from Surinder and would chase this up.* *Ongoing.*	**SL** **ES**
	16/105 **Shared Care Procedure Methotrexate March 16 Rheumatology** *The Methotrexate Shared Care Protocol (SCP) was brought to the meeting by ES with a view of amending it from ORAL only to include the sub-cut injection. Historically, only the prescribing of oral methotrexate has ever been passed from Consultants to GPs, as there can be confusion of the sub-cut injection strengths which could lead to errors, and special products can be expensive. However, the current DMARD LES allows GPs to do the blood test monitoring for patients on either oral or sub-cut injections and receive payments, but no sub-cut injection SCP exists for GPs to follow, even though the monitoring is identical to the Oral version.* *This revised SCP clearly states that Oral methotrexate is prescribing and monitoring and that sub-cut injection is ONLY monitoring and NOT prescribing. The revised protocol also points out that it is a NATIONAL requirement for practices to complete the NPSA booklet, as some practices are still not completing the patient held NPSA booklet. Discussion took place around whether this could be challenged via the LES to provide compliance and after discussion the Shared Care protocol was approved.* Remove from minutes.	
	16/105 **Branded Generic Products** *The committee have agreed to introduce a range of 9 branded generics over the next 12 months.*	

	The first of these switches occurred in March 2016 and a further switch is occurring in April 2016. Ongoing.	
	16/105 **Blood Glucose Monitoring** *There are 4 blood glucose meters on the formulary which gives an adequate patient choice. There would need to be a very strong case made on an individual basis for a different meter to be prescribed. Lengthy discussion took place and it was decided that test strips would not be prescribed for diabetic patients not needing blood glucose monitoring.* *Blood Glucose Monitoring Guidelines - PW has pulled the guidelines together and has done a great job. After discussion the guidelines were agreed and would be launched at the PLT in May.* *SL would bring the Guidance for Type 2 Diabetes (Oral Medication) to the next meeting.* *Contact Numbers for Reps for Blood Glucose Monitoring Meters – these were discussed and agreed.* Agenda item.	SL
	16/105 **Medicines Rebate Scheme from Astrazenica – GB** *Astrazenica has approached the CCG offering a rebate on three products, Symbicort, Oxis and Zoladex. The Oxis and Zoladex are flat rate rebates, whereas the Symbicort is a two tier rebate depending on the date Symbicort was prescribed. All these rebates have been accepted by PrescQUIPP as being acceptable and above board. It was agreed that we would accept the Symbicort and Oxis rebates, but put Zoladex on hold for the time being.* *Further discussions were held on the need to prescribe all inhalers by brand, regardless of which brand, to comply with NICE guidelines, and to ensure that patients receive the same device when two different inhaler devices contain the same drugs with the same doses.* *A further rebate scheme was discussed regarding a range of blood glucose monitoring strips which form part of the CCG's formulary. The committee saw no reasons why the CCG should not sign up for this rebate scheme.* Remove from minutes.	
	AGENDA ITEMS	
16/106	**Financial Incentive Schemes 2016/17** SL said there were two quality incentive schemes, one around prescribing and one around quality. The incentives for the list of 17 drugs on the prescribing scheme are between 40p to 80p per patient based on an underspend of between 0 and 5%. On the Quality Incentive scheme there are a list of 23 quality criterion and incentives are between 10p and 50p per patient based on the number of criterion which practices meet. The incentive schemes were discussed at length and AG requested that the details of the incentive schemes be shared with GP's asap.	

16/107	**Medicines Management QIPP Plan 2016/17** SL ran through the detail of the plan which had been previously circulated and discussion took place about the different workstreams ie:- April - Pen needle switch – Microfine BD and Novofine over to Gluco RX and Tri-care - PW. May - Vit D – Stop all maintenance and send out leaflets to patients on self – management – LM. June - Switch over from separate drugs to combination Gliptin/Metformin products – SL. July – SBGM – PW. August - Apripiprazole 15mg prescribing – RS. September – SBGM - PW. October - Dovobet – Reviews – LM. November - saline nebs review – GB.	
16/108	**Type II 2 Diabetes Guidelines** SL had completed the first draft of the guidelines and these were discussed in detail and various changes were suggested to make the guidelines easier to read. There was such a lot of information to condense into user-friendly guidance document that it had not been an easy task to produce the guidance. Once suggested changes have been made, SL will forward a copy of the first draft to Surinder Ahujar. It is hoped that the oral treatment agreement would be sorted out in May and the injectables treatments would be sorted after that. Message would be that oral treatment would be given by GP's on a three drug regime and then if patients are still not controlled then they should be referred to Diabetes Specialist Nurses who would be asked to refer the patients back to their GP if they hadn't been treated on the three drug regime prior to being referred.	
16/109	**Traffic Light System** No update.	
16/110	**Horizon Scanning** No update	
16/111	**NICE Guidance** *Controlled Drugs – Safe Use and Management Guidelines – JW said that these had just been released and it was agreed that JW would email these out to SL/GB/SW/AW for them to read through and would set-up a meeting to discuss these.* *Venous Thromboembolism in Adults: Diagnosis and Management. Updated from 2013 guidance with removal of statement 4 on mechanical interventions (graduated compression stockings) for people with proximal deep vein thrombosis.* Controlled Drugs – Safe Use and Management Guidelines – JW said that having thought about this she felt it was better to hold action on this as NHSE would need to issue	JW

	guidelines before we were able to act on this so any discussion prior to this would probably be non-productive. It was, therefore, decided to await guidance from NHSE before proceeding further. The TAG516 Heart Failure Guidance is in development and once released it has potential cost implications for the CCG and will impact on prescribing budgets but it is possible that we will have to implement these guidelines. JW said there is a Antimicrobial Stewardship NICE document which she had sent to JP for his comments. JW would bring details when available.	JP
16/112	**For Information** Barnsley APC Draft Minutes – no update Barnsley APC Memo – no update Barnsley APC Report – no update Barnsley APC Report – no update Doncaster & Bassetlaw APC – no update RDASH MMC Draft Minutes – 16 March 2016 Sheffield Area Prescribing Group – no update	
16/113	**Items for APC, Items for Escalation or Additions to the Register** None	
16/114	**ANY OTHER BUSINESS** **Minor Ailment Scheme – NEO System** Becky Stevens came along to the meeting and told members that she had received an email from one of the larger pharmacies in Rotherham and they had said that some members of their staff had been inputting data into the system incorrectly and hadn't been ticking the box which stated that a consultation with the patient had taken place. This had happening on a lot of their entries and meant that the pharmacy would not receive the £4.10 payment for these entries. The pharmacy were asking if the information could be added retrospectively. After discussion it was agreed that this would not be allowed. Becky highlighted information which had been supplied to pharmacies prompting them to check that the consultation box had been ticked and this had been highlighted more than once. Becky would convey this message to the pharmacy.	RS
16/115	**Date and Time of next Meeting**: The next meeting will be held on **Wednesday 11 May 2016** from 9.00 am to 11.00am in Cedar Room, Oak House. **Agenda Deadline: By close of play on Friday 6 May 2016.**	

Items Pending

Week last appeared	Item last appeared	Item to be brought back for discussion when appropriate	Last action
19/03/2014	14/83	Methylphenidate SCP	*On MMC 14/05/2014 & APC 14/05/2014 Needs to be progressed further – SL to speak to RS.*

Week last appeared	Item last appeared	Item to be brought back for discussion when appropriate	Last action
19/03/2014	14/82	Survey Monkey – discharge from prisons	
04/02/2015	14/382	Erectile Dysfunction Clinic PDE5 Inhibitors	
04/02/2015	14/382	Lipid Modification Guidelines	
	15/46	Wakefield Eclipse Live Software	
10/06/2015	15/75	Liraglutide	
10/06/2015	15/75	NHS England North Midlands Emergency Supply Service 2014/15	
08/07/2015	15/88	Anti-emetic Guidelines and Gaviscon Advance	
22/07/2015	15/102	Rotherham Diabetes Summary Report – Quarter 3 – 2014/15	
05/08/2015	15/117	Bluteq	
13/04/2016	16/90	Emergency Supplies Scheme to be Extended in Both Availability and in Volumes	